



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

ORIGINAL
(Red)

JUL 24 1981

Mr. R. W. Slinkman
North American Philips Corporation
100 East 42nd Street
New York, NY 10017

Dear Mr. Slinkman:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

CONDITIONS OF OPERATION DURING
INTERIM STATUS

ORIGINAL
(Red)

Date Prepared: July 24, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Philips ECG Inc. - A North Amer. Philips Co.

Location: 3101 Pleasant Valley Blvd.
Altoona, PA 16603

EPA I.D. No.: PAD 00 437 4955

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. R. W. Slinkman, Vice President

Operator's Name: Mr. R. N. Isacke, Plant Manager

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>1000 Gals.</u>
<u>S02</u>	<u>3000 Gals.</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>F001</u> <i>Solvents</i>	<u>F002</u> <i>Solvents</i>	<u>D005</u> <i>Flammable</i>	<u>F005</u> <i>Solvents</i>	<u>D001</u> <i>Inert</i>
<u>F003</u> <i>Solvents</i>	<u>D003</u> <i>Reactive</i>	<u>D002</u> <i>Corrosive</i>	<u> </u>	<u> </u>

* For Waste Code F017, See Attachment

ORIGINAL
(Red)

ATTACHMENT

Re: Paint Wastes

EPA has completed its initial review of your application to treat/store/dispose of hazardous waste under the Resource Conservation and Recovery Act (RCRA). The paint wastes listed as being handled by your facility have been temporarily suspended from regulation as a listed hazardous waste. An amendment to 40 CFR Part 261.32, Hazardous Waste from Specific Sources, was published in the Federal Register on January 16, 1981. This amendment temporarily suspended the listing of all wastes from the manufacture of paints (EPA Hazardous Wastes Nos. F017, F018, K078, K079, K081, K082) until further study on those wastes has been conducted. However, wastes which exhibit any of the hazardous waste characteristics (i.e. reactivity, ignitability, corrosivity, and EP toxicity) as defined in 40 CFR Part 261 remain subject to regulation under RCRA.

EPA requests that you make a determination as to whether or not the waste streams listed on your application are hazardous by one or more of the general characteristics. Ignitability and EP toxicity would be the characteristics which would most likely cause paint manufacturing wastes and residues to be defined as a hazardous waste. In order to properly process your permit application and avoid further inquiries, a response within 10 days would be beneficial to yourself and EPA.

If you have any questions, please do not hesitate to contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency
Permits Enforcement Branch
RCRA Administrative Support Section
6th and Walnut Streets
Philadelphia, PA 19106
Attn: Ms. Shirley D. Bulkin (3EN24)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
407 South Cameron Street
Harrisburg, Pennsylvania 17101
(717) 787-9697
November 5, 1982



Philips ECG, Incorporated
3101 Pleasant Valley Boulevard
Altoona, PA 16602

Re: EPA Identification No. PAD 00 437 4955

Gentlemen:

This letter constitutes a formal request for Part B of your Application for a Hazardous Waste Management Facility Permit under the Hazardous Waste Management Regulations, 25 PA Code Chapter 75, Subchapter D, for the facility referenced above. This request is made under the authority of Section 75.265(z)(6) of the regulations. You should refer to the Hazardous Waste Management Regulations that appeared in the Pennsylvania Bulletin dated September 4, 1982, which was recently mailed to you, for the requirements of the Part B Application. Your Part B Application must be submitted no later than six months from the date of this notice. If there is information that is being claimed as confidential, indicate this according to the requirements of Section 75.265(z)(16).

Enclosed are reference checklists for your Part B Application that are to be used to insure your application contains the minimum information required. These checklists are to be used to assist you in your Part B Application and our subsequent review, although the checklists are not a substitute for reviewing and addressing the hazardous waste regulations themselves. Because you may be anticipating additional facilities at your location, we have included checklists for every type of facility covered by the Department requirements. Please use only those checklists that apply to the types of facilities for which you are making application.

Your Part B Application will be reviewed for a Hazardous Waste Management TSD Permit by both the U. S. Environmental Protection Agency and the Department of Environmental Resources until the Commonwealth of Pennsylvania receives Phase II Interim Authorization under the RCRA Program to solely administer a permitting program.

Philips ECG, Incorporated
November 5, 1982
Page 2

ORIGINAL
(Red)

You should submit the Part B Application to both agencies for their concurrent review. This would require that the hazardous waste requirements under Pennsylvania regulations as well as the hazardous waste management requirements under the Federal program would have to be addressed.

When completed, please transmit your application and five copies (or seven copies if there is an incineration facility) to our office, and if you have any questions or desire to have a pre-application conference, please contact us.

Sincerely,

Edward R. Simmons
Regional Solid Waste Manager
Harrisburg Regional Office

ERS:jrm

Enclosures

cc: Shirley Bulkin, EPA



ORIGINAL
(Red)

16

October 18, 1989

U.S. EPA Region III
Waste Management Branch
400 Elm St.
841 Chestnut Street
Philadelphia, PA 19107

RE: Carol Cable Company
3101 Pleasant Valley Blvd
Altoona, PA 16803
EPA ID Number

Dear Sir,

Attached please find our notification of Hazardous Waste Activity for the above referenced facility.

I am also enclosing a copy of the Supplement to U.S. EPA Notification of Hazardous Waste Activity Form (EPA Form 8700-12) which we have forwarded to the Pennsylvania Department of Environmental Resources under separate cover.

We thank you in advance for your cooperation.

Sincerely,

CAROL CABLE COMPANY

Arnold Mathieu

Corporate Safety Director

cc: H. Stern

G. Berry

F. Flaxington

CONDUIT • AIRPORT LIGHTING CABLE • CORDSETS • BATTERY AND
LIGHTING FIXTURE PARTS • DECORATOR BULBS

THERMOSTAT & FIXTURE WIRE MTW, THHN • LIQUIF
E • THERMOSTATS, TERMINALS, HOSE CLAMPS, • L

PORTABLE CORD • WELDING, W & G AND CONTROL CABLE • ELECTRONIC
BOOSTER CABLES • SPARK PLUG WIRE SETS • START

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-88
GSA No. 0246-EPA-07



Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

Installation's EPA ID Number

Approved

Date Received

OCT 25 1989

I. Name of Installation

C A R O L C A B L E C O M P A N Y I N C

II. Installation Mailing Address

Street or P.O. Box

3 1 0 1 P L E A S A N T V A L L E Y B L V D

City or Town

State

ZIP Code

III. Location of Installation

4 A L T O O N A

P A 1 6 6 0 3

Street or Route Number

5 3 1 0 1 P L E A S A N T V A L L E Y B L V D

City or Town

State

ZIP Code

IV. Installation Contact

6 A L T O O N A

P A 1 6 6 0 3

Name and Title (last, first, and job title)

Phone Number (area code and number)

2 B E R R Y H E L E N P L T M G R 8 1 4 9 4 4 5 0 0 2

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C A R O L C A B L E C O I N C

P

I. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler

☐ B. Industrial Boiler

☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

P A D O 0 4 3 7 4 9 5 5

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 5	2 D 0 0 1	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Francis Mathieu

Name and Official Title (type or print)

Francis Mathieu
Corporate Safety Director

Date Signed

10/17/89

Pennsylvania Department of Environmental Resources
Bureau of Waste Management

SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA Form 8700-12)

Installation's EPA I.D. Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Installation Carol Cable Company, Inc.Location of Installation 3101 Pleasant Valley BoulevardAltoona, PA 16603

Municipality (Township, Borough, City)

Blair

County

IRS Employer Identification Number

0	5	-	0	3	9	3	1	1	5
---	---	---	---	---	---	---	---	---	---

SIC Codes (four-digit number in order of priority)

3	6	9	4
---	---	---	---

Specify: Electrical equipment
for internal combustion
engines.

--	--	--	--

Specify: _____

--	--	--	--

Specify: _____

--	--	--	--

Specify: _____

VI. Type of Hazardous Waste Activity

- ☐ 1. Treater
☒ 2. Storer
☒ 3. Disposer
☐ 4. Reuse, Recycle, Reclaim
☐ 5. Permit by Rule

Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. UIC (Underground injection of fluids)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C. RCRA (Hazardous Waste)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D. PSD (Air Emissions from Proposed Sources)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E. Municipal Waste (As defined in Act 97)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

F. Residual Waste (As defined in Act 97)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

G. Permit by Rule

Name of POTW _____

POTW NPDES Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

H. Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Specify) _____



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

JAN 08 REC'D

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

PAD361134083

INSTALLATION ADDRESS

BERRY HELEN PLT MGR
CAROL CABLE COMPANY INC
3101 PLEASANT VALLEY BLVD
ALTOONA PA 16603

3101 PLEASANT VALLEY BLVD
ALTOONA PA 16603

EPA Form 8700-12A (4-80)

Joe

833-4700

Rock's

833-5777

M

APPENDIX B



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
615 Howard Avenue
Altoona, Pennsylvania 16601



July 7, 1982

(814) 946-7292

Mr. Thomas Hoppel, Materials Engineer
Phillips ECG, Inc.
3101 Pleasant Valley Boulevard
Altoona, PA 16602

Dear Mr. Hoppel:

This letter is to recap the hazardous waste generator and treatment/storage/disposal (TSD) facility inspection conducted by myself on June 29, 1982. As I stated then, you can expect a minimum of one generator and two TSD inspections annually, plus follow-up inspections, as is mandated by a Letter of Agreement between the Federal Environmental Protection Agency and the Pa. Department of Environmental Resources.

During the inspection a number of violations were noted as listed below:

1. Contrary to Section 75.261(d), written authorization was not obtained from Industrial Solvents of York Haven, Pennsylvania, prior to releasing a shipment of hazardous waste to them on 12/17/81.
2. The correct procedure for resolving a manifest exception, as stated in Section 75.261(j), was not followed for a shipment of hazardous waste to Frontier Chemical of Niagara Falls, New York, when the signed Part B of the manifest was not returned within the time limits.
3. According to Section 75.265(k) (2) (v), your facility must maintain a written operational record which must contain the inspection log required by 75.265(e) (5). This log must include, at a minimum, the date and time of the inspection, the name of the inspector, a notation of observations made, and the date and nature of any repairs or other remedial actions. As we discussed, this log must extend to weekly inspections of the drum storage area.

During my inspection I erroneously marked the second to last item on the TSD-Storage Form ("Covered tanks in which ignitable . . . waste is treated or stored meets NFPA buffer zone requirements") as "not applicable". It should be marked as "not determined", since I do not have these guidelines available with which to make a determination.

Thomas Hoppel, Materials Engineer
Phillips ECG, Inc.

-2-

ORIGINAL
July 7, 1982

In addition, as we discussed during my inspection, I advise you to review the requirements for personnel training in Section 75.265(f) and ensure that your facility is in compliance. The outline for the training program will be required with the Part B submission to the Department in the very near future.

If you have any questions, please feel free to contact me at 814, 946-7292.

Sincerely,

Lori J. Davis

Lori J. Davis
Solid Waste Specialist

LJD/kc

c: File

F. Fair

Central Office

ORIGINAL
(Red)

APPENDIX C

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL SOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

ORIGINAL
(Red)

JUL 27 1981

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

06-30-1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

06-30-1981

II. INSTALLATION'S ID. NUMBER

PAD004-374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd.

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NY D043815703

MI D060975844

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 13,000

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

A. Print or Type Name

B. Signature

Thomas O. Hoppel

6/30/81

GENERATOR QUARTERLY REPORT - PART A

ORIGINAL
(Red)

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

1981

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

PADOD4 955

XI. FACILITY'S I.D. NO.

NYD043815703

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)

4626 Royal Ave.

Niagara Falls, NY 14303

JUL 2 1981

XII. FACILITY NAME (specify).

Frontier Chemical Waste
Process Co.

MUN.

COUNTY OF Hamilton

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Barium Compounds, n.o.s. MDN- PA A0425132	14	D005	1800	K	
2	Trichloroethylene MDN- PA A0425132	14	F002	690	K	
3	MDN-					
4	MDN-					
5	MDN-					
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

ORIGINAL
(100)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

- - - 1 9

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

PADOA 374955

XI. FACILITY'S I.D. NO.

MI D 0 6 0 9 7 5 8 4 4

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.

36345 Van Born Rd.

Romulus, MI 48174

JUL 22 1981

XII. FACILITY NAME (specify).

Chemical Recovery Systems, Inc.

MUN.

COUNTY

Div. of Hazardous

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Alcohol, n.s.	07	F 0 0 5	8370	K	
	MDN- MI 0042812					
	MDN-					
3						
	MDN-					
4						
	MDN-					
5						
	MDN-					
	MDN-					
7						
	MDN-					
8						
	MDN-					
9						
	MDN-					
0						
	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

ORIGINAL
(Red)

Print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

025904374955

XVII. GENERATOR'S I.D. NO.

XIX. GENERATOR ADDRESS (Street or P.O. box, city, state & zip code.)

XVIII. GENERATOR NAME (specify)

ON-SITE

MUN.

JUL 27 1981

DIV. OF H₂ COUNTY

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Alcohol, n.o.s.	F0005	S02	6138	K	
	MDN-		Date	06-30-81		
	Barium	D0005	S01	300	K	
	MDN-		Date	06-30-81		
3						
	MDN-		Date	- -		
4						
	MDN-		Date	- -		
5						
	MDN-		Date	- -		
	MDN-		Date	- -		
7						
	MDN-		Date	- -		
8						
	MDN-		Date	- -		
9						
	MDN-		Date	- -		
10						
	MDN-		Date	- -		

XXI. COMMENTS (enter information by line number—see instructions.)

XVII. GENERATOR'S I.D. NO.

XVIII. GENERATOR NAME (Specify)

ON-SITE

MUN.

JUL 2 1981

ORIGINAL
(Red)

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (hWT License No.)
1	Alcohol, n.o.s.	F 0 0 5	S 0 2	6 1 3 8	K	
	MDN--		Date 0 6 - 3 0 - 8 1			
2	Barium	D 0 0 5	S 0 1	3 0 0	K	
	MDN--		Date 0 6 - 3 0 - 8 1			
3			Date - -			
	MDN--					
4			Date - -			
	MDN--					
5			Date - -			
	MDN--					
6			Date - -			
	MDN--					
7			Date - -			
	MDN--					
8			Date - -			
	MDN--					
9			Date - -			
	MDN--					

XXI. COMMENTS (enter information by line number--see instructions.)

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORTORIGINAL
(Red)

Please print or type with ELITE type (12 characters/line)

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

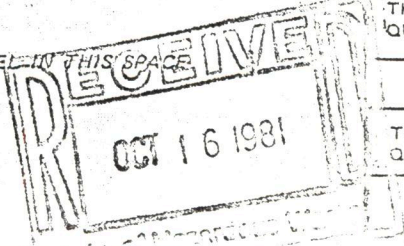
09-30-1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - - 19

PLEASE PLACE LABEL IN THIS SPACE



II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd.

CITY OR TOWN

Altoona

ST.

ZIP CODE

Pa 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST.

ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

Hoppe, Thomas

814-943-1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

PAD 098732118

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$ 13,000

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas C. Hoppe

A. Print or Type Name

B. Signature

10-14-81

C. Date

55A-11/80

print or type with ELITE type (12 characters/inch)

ORIGINAL
(P&H)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

- 1 9

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

P A D C C 4 3 7 4 9 5 5

XI. FACILITY'S I.D. NO.

P A D 0 9 8 7 3 2 1 1 8

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code.)

R.D. #1, Steven's Rd.
York Haven, Penna.

XII. FACILITY NAME (specify).

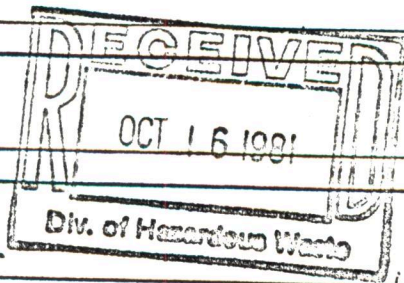
Industrial Solvents
& Chemical Company

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Alcohol, n.o.s. MDN- PA A 0678591	07	F 0 0 5	7 6 5 1	K	
2	MDN-					
3	MDN-					
4	MDN-					
5	MDN-					
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					



V. COMMENTS (enter information by line number-see instructions.)

05/11/80

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

ORIGINAL
(Red)

Duration of Report

Please print or type with ELITE type (12 characters/inch)

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

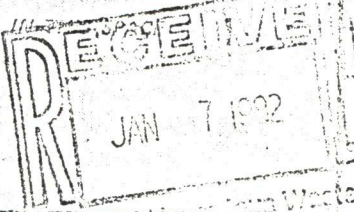
12-31-1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - -19

PLEASE PLACE LABEL HERE



II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona

ST.

PA

ZIP CODE

16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST.

Blair

ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code and number)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

PAD098732118

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 13,000

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

A. Print or Type Name

Thomas O. Hoppel

1-4-82

C. Date Signed

ORIGINAL
(Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

- 1 9

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

P A D 0 0 4 3 7 4 9 5 5

XI. FACILITY'S I.D. NO.

P A D 0 9 8 7 3 2 1 1 8

XIII. FACILITY ADDRESS (Street or PO Box, city, state & zip code)

R.D. #1, Steven's Road

York Haven, PA. 17370

XII. FACILITY NAME (specify).

Industrial Solvents
& Chemical Company

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Trifluorotrichloroethane (Freon TA) MDN- PA A 0675695	1.4	F 0 0 1	230	K	
	Alcohol, denatured MDN- PA A 0675695	07	F 0 0 5	160	K	
3						
4						
5						
7						
8						
9						
10						

XV. COMMENTS (enter information by line number-see instructions.)

RECEIVED

JUL 7 1992

04
 PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF SOLID WASTE MANAGEMENT
 HAZARDOUS WASTE REPORT

ORIGINAL
 (Red)

Please print or type with ELITE type (12 characters/inch).

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
 QUARTER ENDING

3 - 31 - 1982

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
 QUARTER ENDING

- - - 19

II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Philipps ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona PA

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

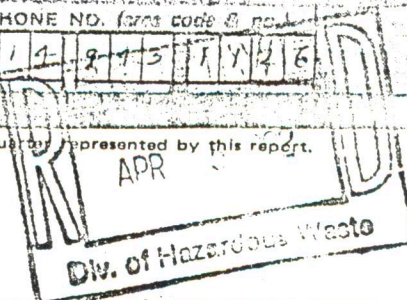
PHONE NO. (area code & no.)

814-943-1146

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NY D043815703 - *frontier chemical*
Niagara Falls



VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
 MAINTENANCE (disposal facilities only)

\$ 13,000

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

Thomas O. Hoppel

4-2-82

A. Print or Type Name

B. Signature

C. Date Signed

XV. COMMENTS (enter information by line number--see instructions.)

APR 5 1982

3
OK 1/15 7-12-82
PENN. DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORTORIGINAL
(Red)

Please print or type with ELITE type (12 characters/inch).

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

6-30-1982

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

-19

II. INSTALLATION'S ID. NUMBER

PAD0004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppe, Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

None

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (dispose facilities only)

\$ 13,000

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppe

A. Print or Type Name

B. Signature

C. Date Signed

7-1-82

3 NK HP 10-20-82
 PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
 BUREAU OF SOLID WASTE MANAGEMENT
 HAZARDOUS WASTE REPORT

ORIGINAL
 (Red)

Please print or type with ELITE type (12 characters/inch).

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
 QUARTER ENDING

9-30-1982

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
 QUARTER ENDING

-19

II. INSTALLATION'S ID. NUMBER

PAD004374955

III. NAME OF INSTALLATION

Phillips ECG Inc.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16603

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

VI. INSTALLATION CONTACT

NAME (last and first)

Hoppel Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

None

NO SHIPMENTS

RECEIVED
 OCT 6 1982

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 12,500

B. COST ESTIMATE FOR FACILITY CLOSURE MAINTENANCE AND
 MAINTENANCE (disposal hazardous waste)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppel

A. Print or Type Name

Thomas O. Hoppel

B. Signature

10-4-82

C. Date Signed

3

OK JAS 1-13-83

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

ORIGINAL
(Red)

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

1 2 - 3 1 - 1 9 8 2

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - 1 9

II. INSTALLATION'S ID. NUMBER

P A D 0 0 4 3 7 4 9 5 5

III. NAME OF INSTALLATION

P h i l i p s E C G I n c

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3 1 0 1 P l e a s a n t V a l l y B l v d

CITY OR TOWN

A l t o o n a

ST. ZIP CODE

P A 1 6 6 0 2

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

A l t o o n a

CITY OR TOWN

ST. ZIP CODE

COUNTY

B l a i r

VI. INSTALLATION CONTACT

NAME (last and first)

H o p p e l T h o m a s

PHONE NO. (area code & no.)

8 1 4 9 4 3 1 1 2 6

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

N Y D 0 4 3 8 1 5 7 0 3

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$ 1 2 5 0 0

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppe

Thomas O. Hoppe

1-10-83

A. Print or Type Name

B. Signature

C. Date Signed

ORIGINAL
(Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

- - 1 9

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

PAD004374955

XI. FACILITY'S I.D. NO.

NYD043815703

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)

4626 Royal Ave.

Main P.O. Box 1471

Niagara Falls, NY 14302

XII. FACILITY NAME (specify).

Frontier Chemical Waste Process Inc.

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. P.A. Hazardous Waste Transporter (HWT) License No.
1	Waste Poisonous Solid, n.o.s. (Barium Compounds) MDN- PA A0425154	15	D005	2360	K	AH0153
2	Waste Trichloroethylene -RQ MDN- PA A0425154	17 A	F002	230	K	AH0153
3	Waste Solvents, n.o.s. MDN-	07	F005	150	K	AH0153
4	MDN-					
5	MDN-					
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by the generator's instructions)

Div. CITE

Do Not Key punch

ORIGINAL
(Red)

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

- 1 9

X. GENERATOR'S I.D. NO.

PAD004374955

2. RECEIVED BY

XI. FACILITY'S I.D. NO.

RECYCLE, RECLAIM

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)

RD 1, Box 195
Kempston, PA 19529

XII. FACILITY NAME (specify)

American Products Co.

MUN.

COUNTY

XIV. WASTE IDENTIFICATION

LINE	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Ethyl Alcohol MDN- PA A0425176	07	D001	7021	K	
	MDN-					
3						
	MDN-					
4						
	MDN-					
5						
	MDN-					
6						
	MDN-					
7						
	MDN-					
8						
	MDN-					
9						
	MDN-					
10						
	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

1. This alcohol is collected by American Products Co.
for reuse by American Products Co.

3 4-8-83
PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

MARK E. HOPPEL
HOPPELORIGINAL
(Red)

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

3-31-1983

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - - 19

II. INSTALLATION'S ID. NUMBER

PAD004374955

NAME OF INSTALLATION

Phillips ECG Inc

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3101 Pleasant Valley Blvd

CITY OR TOWN

Altoona

ST. ZIP CODE

PA 16602

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

Altoona

CITY OR TOWN

ST. ZIP CODE

COUNTY

Blair

INSTALLATION CONTACT

NAME (last and first)

Hoppe Thomas

PHONE NO. (area code & no.)

814 943 1126

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

NYD043815703

PAR000060003

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$ 12,500

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
Div. of Haza MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Thomas O. Hoppe

A. Print or Type Name

Thomas O. Hoppe

B. Signature

4-4-83

C. Date Signed

ORIGINAL
(Red)

F3-9012-16

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA PA-2851

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)

Carol Cable Company

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER

3101 Pleasant Valley Boulevard

03 CITY

Altoona

04 STATE

05 ZIP CODE

PA

16603

06 COUNTY

Blair County

07 COUNTY

08 CONG

CODE DIST

013 PA09

09 COORDINATES LATITUDE

4 0° 2 9' 1 0"N

LONGITUDE

7 8° 2 3' 5 4"W

10 DIRECTIONS TO SITE (Starting from nearest public road)

From Route 270, take the Altoona exit (Pleasant Valley Boulevard). At the end of the exit ramp, make a left. Follow this road to the intersection of Pleasant Valley Boulevard. Make a right. Carol Cable Company is 1/4-mile up on the right side.

III. RESPONSIBLE PARTIES

01 OWNER (If known)

Carol Cable Company

02 STREET (Business, mailing, residential)

3101 Pleasant Valley Boulevard

03 CITY

Altoona

04 STATE

05 ZIP CODE

PA

16603

06 TELEPHONE NUMBER

(814) 944-5002

07 OPERATOR (If known and different from owner)

Carol Cable Company

08 STREET (Business, mailing, residential)

3101 Pleasant Valley Boulevard

09 CITY

Altoona

10 STATE

11 ZIP CODE

PA

16603

12 TELEPHONE NUMBER

(814) 944-5002

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL☐ F. OTHER:

(Agency name)

☐ C. STATE☐ D. COUNTY☐ E. MUNICIPAL☐ G. UNKNOWN

(Specify)

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☒ A. RCRA 3001 DATE RECEIVED: 01 / 08 / 90

MONTH DAY YEAR

☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c)

DATE RECEIVED:

MONTH DAY YEAR

☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

☒ YES☐ NO

DATE 01 23 91

MONTH DAY YEAR

BY (Check all that apply)

☐ A. EPA☒ B. EPA CONTRACTOR☐ C. STATE☐ D. OTHER CONTRACTOR☐ E. LOCAL HEALTH OFFICIAL☐ F. OTHER:

CONTRACTOR NAME(S): NUS Corporation

(Specify)

02 SITE STATUS (Check one)

☒ A. ACTIVE☐ B. INACTIVE☐ C. UNKNOWN

03 YEARS OF OPERATION

1989

BEGINNING YEAR

ENDING YEAR

☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

According to plant representatives, only five gallons of Markum 320 (a stamp cleaner or solvent), five gallons of ageterne (a mechanical parts cleaner), and rags containing the aforementioned cleaners are currently on site.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

The potential exists that a small amount of a solvent waste could spill and wash down a floor drain and into the sewer system.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH

(Inspection required promptly)

☐ B. MEDIUM

(Inspection required)

☐ C. LOW

(Inspect on time available basis)

☒ D. NONE

(No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT

Donna Santiago

02 OF (Agency Organization)

U.S. EPA

03 TELEPHONE NUMBER

(215) 597-1105

04 PERSON RESPONSIBLE FOR ASSESSMENT

Steve Sottung

05 AGENCY

NUS

06 ORGANIZATION

FIT 3

07 TELEPHONE NUMBER

(215) 687-9510

08 DATE

02 01 91

MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
PA	2851

STATE STATES, QUANTITIES, AND CHARACTERISTICS

<p>01 PHYSICAL STATES (Check all that apply)</p> <p> <input type="checkbox"/> A SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D OTHER _____ <i>(Specify)</i> </p> <p> <input type="checkbox"/> E. SLURRY <input checked="" type="checkbox"/> F. LIQUID <input type="checkbox"/> G. GAS </p>	<p>02 WASTE QUANTITY AT SITE</p> <p><i>(Measures of waste quantities must be independent)</i></p> <p>TONS _____</p> <p>CUBIC YARDS _____</p> <p>NO OF DRUMS <u>< 1/5 drum</u></p>	<p>03 WASTE CHARACTERISTICS (Check all that apply)</p> <p> <input checked="" type="checkbox"/> A TOXIC <input type="checkbox"/> B CORROSIVE <input type="checkbox"/> C RADIOACTIVE <input type="checkbox"/> D PERSISTENT </p> <p> <input type="checkbox"/> E SOLUBLE <input type="checkbox"/> F INFECTIOUS <input checked="" type="checkbox"/> G FLAMMABLE <input checked="" type="checkbox"/> H IGNITABLE </p> <p> <input checked="" type="checkbox"/> I HIGHLY VOLATILE <input type="checkbox"/> J EXPLOSIVE <input checked="" type="checkbox"/> K REACTIVE <input type="checkbox"/> L INCOMPATIBLE <input type="checkbox"/> M NOT APPLICABLE </p>
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III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	10	gallons	(5 gallons of Markum 320 and 5 gallons of agetene solvent waste.) These solvents
PSD	PESTICIDES			These solvents are used for machinery
OCC	OTHER ORGANIC CHEMICALS			parts and stamp press cleaning.
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

[illegible]

V. FEEDSTOCKS (See Appendix for CAS Numbers) N/A

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Berry, Helen, Carol Gable Company, with Steve Sottung, NUS FIT 3. Meeting. January 23, 1991.

ORIGINAL
(Red)POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE | 02 SITE NUMBER
PA | 2851

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____

Acres

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

01 ☒ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: 215

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL☐ ALLEGED

Workers handle Markum 320 and agetene while cleaning mechanical parts and stamp presses.

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL☐ ALLEGED

None reported or observed.

ORIGINAL
(Red)

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE PA	02 SITE NUMBER 2851
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II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None reported or observed.

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None reported or observed.

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None reported or observed.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Soils/runoff/standing liquids/leaking drums)02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

None reported or observed.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None reported or observed.

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED

Floor drains are located throughout the plant. The possibility exists that a small amount of solvent waste could spill and wash down a floor drain into the sewer system.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

None reported or observed.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None.

III. TOTAL POPULATION POTENTIALLY AFFECTED: 215

IV. COMMENTS

N/A

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

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Berry, Helen, Carol Cable Company, with Steve Sottung, NUS FIT 3. Meeting. January 23, 1991.

ORIGINAL
(Red)

SECTION 6

6.0 REFERENCES FOR SECTIONS 1.0 THROUGH 5.0

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